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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

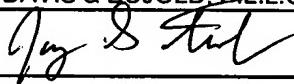
	Application Number	10/590,588
	Confirmation Number	
	Filing Date	with an effective filing date of February 16, 2005
	First Named Inventor	Stefan PREBECK, Kurt SCHACHNER and Günter PILAT
	Group Art Unit	3663
	Examiner Name	Edward J. PIPALA      Fax: (571) 273-8300
Total No. of Pages in this Submission:	8	
	Attorney Docket Number	ZAHFRI P886US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form .....	<input type="checkbox"/> Assignment papers .....	<input type="checkbox"/> After Allowance Communication to Group .....
<input type="checkbox"/> (in Duplicate)	<input type="checkbox"/> (for an Application)	<input type="checkbox"/>
<input type="checkbox"/> Fee attached - Check \$	<input checked="" type="checkbox"/> Drawing(s) -Annotated Sheet(s) ...	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .....
<input checked="" type="checkbox"/> Amendment/Response .....	<input type="checkbox"/> Replacement Sheet(s) ...	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) .....
[6]	<input type="checkbox"/> New Sheet(s). .... [1]	<input type="checkbox"/> Proprietary Information .....
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers .....	<input type="checkbox"/> Status Letter .....
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request .....	<input type="checkbox"/> To Convert a Provisional Petition ...	
<input type="checkbox"/> (in Duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address .	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer .....	
<input type="checkbox"/> Information Disclosure Stmt .....	<input type="checkbox"/> Small Entity Statement .....	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund .....	
<input type="checkbox"/> Response to Missing Part/s Incomplete Application .....		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

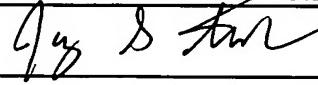
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105 CUSTOMER NO. 020210
Signature		
Date	August 20, 2009	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 20, 2009.

Signature		Date: August 20, 2009 (amp)
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